



COMMERCIAL DRIVER TRAINING SCHOOL: APPLICATION FOR LICENSE

State Form 51567 (R / 7-07)

Approved by State Board of Accounts, 2007

INDIANA BUREAU OF MOTOR VEHICLES
INDIANAPOLIS, INDIANA

LICENSE FEE: \$100.00

PLEASE PRINT OR TYPE.

The Individual, Association, Corporation, or Partnership, as owner of the school hereby makes application to the Indiana Bureau of Motor Vehicles for a license to conduct a commercial driver training school.

☐ ORIGINAL

☐ RENEWAL

Is this a satellite location?

☐ YES

☐ NO

| GENERAL INFORMATION | | |
|---|--|-------------------------------|
| Name of school | | Federal identification number |
| Address of school (number and street, city, state, and ZIP code) | | |
| Telephone number () | Date school was established (month, day, year) | School website |
| Type of business (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Association | | |
| LIST NAMES, ADDRESSES, AND TELEPHONE NUMBERS OF ALL OWNERS, PARTNERS, ASSOCIATES, CORPORATE DIRECTORS, AND OFFICERS BELOW. | | |
| NAME | ADDRESS (number and street, city, state, and ZIP code) | TELEPHONE NUMBER |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| QUESTIONS | |
|--|--|
| ALL QUESTIONS MUST BE FULLY ANSWERED. ALL QUESTIONS ANSWERED "YES" MUST BE EXPLAINED. | |
| 1. Have any of the owners, partners, associates, or corporation officers operated a commercial driver training school before? (Explain "Yes" answer under explanations by giving days operation and reason for discontinuance if not still in operation on the next page.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Is your commercial drivers training school located in a business district? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Is your equipment owned by your school? (If "NO", attach a copy of the lease.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. How far is it from your commercial driver training school to the nearest drivers license examination station? (Designate the distance in miles or feet.) | |
| 5. Is your commercial driver training school operated from any of the following: house trailer, residence, tent, temporary stand, temporary address, office space, room or rooms in a hotel, rooming house or apartment house, or the premises occupied by a single or multiple dwelling unit house? (If "YES", explain on next page.) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 6. How many square feet of floor space does your commercial driver training school contain? | |
| 7. Indicate the number of square feet in the office. | |
| 8. Indicate the number of square feet in the classroom. | |

QUESTIONS (continued)

ALL QUESTIONS MUST BE FULLY ANSWERED. ALL QUESTIONS ANSWERED "NO" MUST BE EXPLAINED.

[illegible]

INSTRUCTORS

List all instructors, licensed by the Bureau of Motor Vehicles who are employed or associated with the Commercial Driver Training School and / or all qualified individuals who have made arrangements for employment with the school and have filed application for an instructor's license with the Bureau of Motor Vehicles.

| NAME | ADDRESS | LICENSE NUMBER | TELEPHONE NUMBER |
|------|---------|----------------|------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Enter the following information with respect to school vehicles to be used by you and your instructors. THESE VEHICLES MUST BE DUAL CONTROLLED.

| MAKE OF VEHICLE | MODEL YEAR | VEHICLE IDENTIFICATION NUMBER | LICENSE PLATE NUMBER |
|-----------------|------------|-------------------------------|----------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

NOTE: Whenever cars are replaced or added notify the Bureau of Motor Vehicles and forward certificate of insurance.

I (we) the undersigned have personally examined the contents of this application and swear and affirm that everything contained herein is true to the best of my (our) knowledge, and that the owner(s) , officers and instructors are of high moral character and reputation and have not been adjudicated a felon the ten years immediately preceding the date of the application.

Furthermore, by affixing my (our) signature(s) to this application, I (we) swear and affirm that I (we) will abide by all laws and rules and regulations in the operation of this commercial driver training school.

| | | | |
|-----------|-------|-----------|-------|
| Signature | Title | Signature | Title |
| Signature | Title | Signature | Title |
| Signature | Title | Signature | Title |
| Signature | Title | Signature | Title |
| Signature | Title | Signature | Title |

Each owner, partner, associate, manager and a majority of the corporate directors and officers of the commercial driver training school must sign in the space provided on page 3. *(One signature in each boxed area.)*

To knowingly make a false statement or conceal a material fact in this application is a criminal offense and will result in the revocation of your commercial driver training school license.

Subscribed and Sworn to Before Me this _____ Day of _____, 20 _____.

SEAL

| |
|--|
| Signature of Notary Public |
| Printed or typed name of Notary Public |
| Address of Notary Public <i>(number and street, city, state, and ZIP code)</i> |
| Date commission expires <i>(month, day, year)</i> |

| DO NOT WRITE IN THIS BLOCK |
|--------------------------------|
| License number |
| Approved by: |
| Date <i>(month, day, year)</i> |